



Application for Retired Member Change of Beneficiary/Survivor Beneficiary and/or Retirement Option

State Form 49518 (R4 / 07-07)
Approved by the State Board of Accounts, 2007

Indiana State Teachers' Retirement Fund
150 West Market Street, Suite 300
Indianapolis, IN 46204-2809
Telephone: (317) 232-3860 / (888) 286-3544
Home Page: <http://www.in.gov/trf>

PRIVACY NOTICE

Your Social Security number is requested by this agency in accordance with the requirements of IRS Code 3405. Disclosure is mandatory; this form will not be processed without this information.

PART 1: RETIRED MEMBER INFORMATION

| | | |
|---|---|------------------------|
| Name of retired member <i>(first, middle, last)</i> | TRF Number | Social Security number |
| Full Address <i>(street or P.O. Box, city, state, ZIP code)</i> | Area code and telephone number () - | Date of birth |
| | Is this a new address? <input type="checkbox"/> YES | |

PART 2: REELECTION OF BENEFITS

Please be sure to mark your selection "Yes" or "No" for the A-4 option *(Social Security integration)* if you are under age 62. **If "Yes", you must enclose a copy of your Social Security Estimate.**

- ☐ A-2 Straight life without a guaranteed period
With A-4 Yes ☐ No ☐
- ☐ B-1 100% Survivorship
With A-4 Yes ☐ No ☐
- ☐ B-2 66 2/3% Survivorship
With A-4 Yes ☐ No ☐
- ☐ B-3 50% Survivorship
With A-4 Yes ☐ No ☐

IF YOU HAVE SELECTED ANY OF THE "B" OPTIONS, YOU MUST DESIGNATE A SURVIVOR BENEFICIARY IN THE SPACE THAT FOLLOWS AND PROVIDE A COPY OF THE SURVIVOR BENEFICIARY'S BIRTH CERTIFICATE.

| | | |
|---|---|------------------------|
| Name of Survivor beneficiary | Date of Birth | Social Security number |
| Full Address <i>(street or P.O. Box, city, state, ZIP code)</i> | TRF number <i>(if survivor beneficiary is a member)</i> | Relationship |

IF YOU WANT A LUMP SUM PAYMENT WHICH MIGHT BE DUE AT YOUR DEATH TO GO TO SPECIFIC BENEFICIARIES RATHER THAN TO YOUR ESTATE, PLEASE SELECT BENEFICIARIES BELOW.

| | | | |
|---|------------------------|---|------------------------|
| Name of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | Social Security Number | Name of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | Social Security Number |
| Full Address (street or P.O. Box, city, state, ZIP code) | Date of Birth | Full Address (street or P.O. Box, city, state, ZIP code) | Date of Birth |
| | Relationship | | Relationship |

| | | | |
|---|------------------------|---|------------------------|
| Name of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | Social Security Number | Name of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | Social Security Number |
| Full Address (street or P.O. Box, city, state, ZIP code) | Date of Birth | Full Address (street or P.O. Box, city, state, ZIP code) | Date of Birth |
| | Relationship | | Relationship |

| | | | |
|---|------------------------|---|------------------------|
| Name of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | Social Security Number | Name of beneficiary <input type="checkbox"/> Primary <input type="checkbox"/> Secondary | Social Security Number |
| Full Address (street or P.O. Box, city, state, ZIP code) | Date of Birth | Full Address (street or P.O. Box, city, state, ZIP code) | Date of Birth |
| | Relationship | | Relationship |

PART 3: NOTARIZATION

I swear that I am the above named applicant; and that I have carefully read the questions and answers thereto and understand the same; that each answer is full, complete and true; no material fact has been concealed or omitted therefrom; and that said answers are made for presentation to the Board of Trustees of the Indiana State Teachers' Retirement Fund in making claim for a retirement benefit that may be payable to me under Indiana Code, section 5-10.2 and Indiana Code, section 5-10.4. I hereby revoke all beneficiaries and/or retirement options previously selected by me, and hereby select the above beneficiary designations and/or retirement option. I affirm that I am not otherwise prohibited from making such changes by any court order, decree, or agreement. I have furnished all necessary documentation (marriage license, death certificate of first spouse, or final divorce order or decree, and proof of birth for the newly named survivor beneficiary as required. I understand that any modifications in either my retirement option or beneficiary designation may result in a significant change in my monthly benefit. I agree to indemnify, defend, and hold harmless the Fund and its agents, officers, and employees from all claims and suits including court costs, attorney's fees, and other expenses arising from or caused by any misrepresentation made by me herein. I affirm, under the penalties for perjury, that the foregoing representations are true.

Signed: _____

ISTRF Acct. #: _____

Printed _____

Date: _____

Address: _____

State of _____;

SS

County of _____;

Subscribed and sworn to, before me, a Notary Public, on this _____ day of _____, 20_____.

Notary Public Signature: _____

Notary Public Printed: _____

Notary County of Residence: _____

My Commission expires: _____

SEAL